

ELIGIBLE PROFESSIONAL PATIENT VOLUME TIPSHEET

Eligible Professionals are required to meet 30% Patient Volume; Pediatricians may meet a minimum of 20% at a reduced incentive payment; EPs practicing in a FQHC or RHC may include needy individuals to meet the 30% patient volume.

Encounter - Service(s) rendered to a patient on any one day regardless of payment liability. (I.E. paid, denied, non-covered, etc. For audit purposes, you must prove an encounter occurred.)

Medicaid Encounter - An encounter rendered to a patient enrolled in Medicaid.

- Medicaid encounters must be reported as billed or non-billed. Billed and non-billed encounters will be combined to obtain your total Medicaid encounters.
 - Billed Encounters Encounters rendered to Medicaid patients that were billed to OHCA for reimbursement.
 - **Non-Billed Encounters** Encounters rendered to a Medicaid patient that were not billed to OHCA for reimbursement.

To calculate patient volume, an EP must divide:

- Their total Medicaid encounters in any representative 90-day period in the preceding federal fiscal year or most recent 12 month period; by their total encounters in the same 90-day period.
 - EPs have the option of using group or individual patient volume. However, all EPs in the group must use the same patient volume methodology.

Patient volume data shall be calculated using unique encounters. For example, if a patient has an office visit and 3 procedures are performed it is considered 1 encounter.

Patient volume percentages between 29.5 and 29.99 will be rounded up to 30%, and patient volume percentages between 19.5 and 19.99 will be rounded to 20%.

A detailed patient volume report must be sent in at the time the attestation is submitted. The report should be formatted in Excel and emailed to <a href="mailed-emai

FOR ADDITIONAL INFORMATION PLEASE CONTACT THE EHR TEAM AT:

PHONE: (405) 522-7347

OR

EMAIL: okehrincentive@okhca.org